

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029682

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7831

DO NOT WRITE
ON THIS STUD

AMENDED

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO.

Length of stay in 1b

14-days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.#1

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2330 Olive St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

MARCELIA

BARRY

4. DATE OF DEATH

Month

Day

Year

7

31

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/17/90

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unknown

10b. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (City and state or country)

New Orleans, La.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

William Barry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Agnes Blackburn-4627a S. Broad- way

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

generalized peritonitis
perforated duodenal ulcer
5411

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

anorexia due to arteriosclerotic heart dis.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-16-63 to 7-31-63 and last saw her/him alive on 7-31-63. Death occurred at 12:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Typed name or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

7-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

Aug. 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest Abbey

23d. LOCATION (City, town, or county)

St. Louis,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE - 3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.

AUG 1 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

No Embalming
Bill Vallmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.